

DIRECT PAY AUTHORIZATION FORM SEWER/GARBAGE FEES

		Date:	/	/20
I,account or my savings account fo	_, authorize the City or my quarterly sewe	of Mesquite to er and garbage	debit my o	hecking inning:
This authorization form must read Inability by your bank to debit you returned check and subject to a \$	ır account for the qu	arterly service	fee is rega	rded as a
Account #(City of Mesquite Account #)	_ Service Address			
	Subdivision:			
Checking - Please enclose a Savings – Please provide: B		•	·	
Bank Name				
Signature of property owner – account h	older			
Date:	Daytime Phone:			
Signature of co-owner – co-account hold	der			
Date:	Daytime Phone:			

I understand that this authorization and the services undertaken by the City of Mesquite in no way alters or lessens my obligations under my existing contract including those provisions regarding the amount of the quarterly payment, when payments are due, the applications of payments, the assessment of late charges or the determination of delinquencies

This authorization may be canceled by sending written notification to the City of Mesquite. Cancellation requests must be received at least 10 days prior to your next billing date.